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COUNTY COUNCIL OF THE PARTS OF LINDSEY
LINCOLNSHIRE.

EDUCATION COMMITTEE.



ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER.

1935.

W. S. H. CAMPBELL, M.B., Ch.B., D.P.H.

GRIMSBY:
ROBERTS & JACKSON, PRINTERS, 7a & 9 MAUDE STREET.

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2 JUL 1935
& TROPICAL DISEASE

LINDSEY COUNTY COUNCIL.

Education Committee.

APPOINTED UNTIL MARCH, 1937.

The Chairman and Vice-Chairman of the Council (ex-officio).

Ald. SIR H. B. BACON, BART.	Coun. G. G. DUNKLEY
„ A. CROFT BAKER	„ C. F. EVERATT
„ L. H. GOUNDRY	„ H. HOYLES
„ J. A. HIPKIN	„ W. HUNT
„ R. JONES	„ J. T. KETTLE
„ W. LACEY <i>(Chairman)</i>	„ M. MORGAN
„ W. A. ROSS <i>(Vice-Chairman)</i>	„ A. PUGH
„ T. SMITHSON	„ A. G. E. SMITH
„ J. H. NETTLESHIP	„ A. E. SPENCER
	„ F. L. STEPHENSON
	„ R. A. THOMPSON

MRS. BRYANT, 4 Pelham Terrace, Grimsby	Representing University Education.
Coun. MRS. M. WINTRINGHAM, The Cottage, Tealby, Lincoln	Representing Secondary Education.
Rev. Canon W. MOORE, The Vicarage, Wragby.	
Rev. W. E. FARNDALE, 10, Mainwaring Road, Lincoln	Representing Technical, other than Agricultural Education.
Mr. JOHN HARDY, South Kelsey, Lincoln	Representing Agricultural Education.
Coun. H. C. COMAN, 83 Buckingham Street, Scunthorpe.	
Mr. R. E. HARDY, Kirton Lindsey.	Representing Elementary Education.
Mrs. H. M. PEACOCKE, The Rectory, S. Reston, Louth	

Staff of the School Medical Service, 1935.

School Medical Officer :

WILFRID S. H. CAMPBELL, M.B., Ch.B., D.P.H.

Deputy School Medical Officer :—

ANNIE T. BRUNYATE, M.D., B.S., D.P.H.

Assistant School Medical Officers :—

JOHN EDWARD GAINS, M.R.C.S., L.R.C.P. (Retired 16-10-35).
 W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.
 JAMES HAY CLARKE, M.A., M.D., D.T.M. & H., D.P.H.
 JOHN C. MACARTNEY, M.D., D.P.H.
 WILLIAM J. KERRIGAN, M.B., Ch.B., B.A.O., L.M., D.P.H.
 JAMES R. W. HAY, M.D., Ch.B., D.P.H.
 G. W. H. TOWNSEND, B.A., M.B., B.Ch., B.A.O., D.P.H. (Aptd. 16-10-35)
 GERTRUDE D. MACLAREN, M.B., Ch.B., D.P.H.
 ANNIE C. EASTERBROOK, M.B., Ch.B., D.P.H.
 J. IRENE ROSIE, M.B., Ch.B., D.P.H.

Orthopædic Surgeon :

EDWARD JOCELYN BILCLIFFE, F.R.C.S.E. (Part time).

Medical Officer in charge of Rheumatism and Heart Clinics :

JAMES W. BROWN, M.D., M.R.C.P.

Dental Surgeons :

HENRY KINNEAR OVEY, L.D.S.
 KATHLEEN F. GARSIDE, L.D.S.
 GEORGE H. TAPPER, L.D.S.
 A. PATRICIA RYAN, L.D.S.
 *ELEANOR L. MACKINNON, L.D.S.
 *ALBERT E. CLARKE, L.D.S.

Nursing Staff :

Superintendent—Miss C. M. REYNOLDS, S.R.N., S.C.M.

Miss E. JENKINSON	Miss H. FISHER	Mrs. F. BULL
Miss V. WALKER	Miss L. ROSE	Miss K. COHEN
Miss C. CLARK	Miss E. N. SMITH	Miss M. TAYLOR
Miss M. WALLER	Mrs. S. TURNER	Miss A. E. BICKERDIKE
Miss F. HERBERT	Miss M. POUND	Miss K. HARRISON
Miss A. GREEN	Miss L. TOWNSHEND	Miss F. HUDSON
Miss T. GUINAN	Miss G. FAIRHEAD	Miss L. MALEY
Miss L. LANGTON	Miss E. BUCKLEY	Miss E. MAW
Miss V. ROGERS	Miss M. RICHARDSON	Miss A. S. WOOLFORD
Miss E. CLARKE	Miss N. HINCH	Miss G. GILSENAN
Mrs. J. SHEPHERD.		

Orthopædic Nurses—Miss B. I. BAUSOR, Miss M. A. RILEY.

Infectious Diseases Nurses—Miss J. MCNEIL, Miss W. LAWRENCE, Miss E. JONES (Part Time).

Dental Attendants—Miss B. HUSSEY, Mrs. J. BRIGGS, Miss R. WHITE, Miss B. M. GIBBINS, *Miss R. M. Harris, *Miss H. C. Fisher.

Chief Clerk—HORACE LEE.

* Commencing Duty 1936.

General Statistics.

Area of Administrative County, 961,200 acres.

Population at 1931 Census, 263,498.

Elementary Schools :—

Number in the area	Provided, 125
	Non-provided, 171
Number of names on school registers	38,265
Average attendance	34,672

Secondary Schools :—

Number in County, 16	
Number of pupils on school registers	2,745
Rateable value	£1,103,627
Estimated product of a penny rate	£4,217

Co-Ordination.

The arrangements for the co-ordination of the work of the School Medical Service with that of other health services has been fully described in earlier reports. It has not been found necessary to institute any change during the year.

ELEMENTARY SCHOOLS.

School Hygiene.

No new school was completed during the year, but work on the Immingham new Senior School has been progressing.

Works involving extensive additions and alterations have been completed at the Skegness Junior, Morton and Swallow Schools.

Alterations effecting marked improvements have been carried out at the following schools :—

Ashby Junior Boys, Barrow New Holland Infants, Cleethorpes Bursar Street, Cleethorpes Elliston Street, Covenham, Crosby, Irby-in-the-Marsh, Fulstow, Great Steeping, Hibaldstow, New Leake, Louth Eastfield Road, Luddington, Normanby-by-Spital, South Killingholme Haven, West Halton.

Medical Inspection.

The age groups inspected and the procedure adopted for the examination of both routines and specials remain unchanged.

The total number of children examined was 14,497, made up as follows :—“ Entrants ” 4,087. Second age group or intermediates 3,515. Third age group or “ leavers ” 3612, and “ specials ” 3283.

The Medical Inspectors have continued to inspect all school premises visited by them, and to report any unsatisfactory condition noted. Information as to the existence of sanitary defects is also received through the Education Committee's Inspector and the Head Teachers.

The following are the particulars of the defects reported and remedied during the year :—

Defects in connection with—		Reported.	Remedied.
Lighting	.. .. .. .. ..	10	5
Ventilation	.. .. .. .. ..	10	5
Overcrowding	.. .. .. .. ..	5	1
Cloakrooms	.. .. .. .. ..	8	6
Ablution	.. .. .. .. ..	9	5
Water Supplies	.. .. .. .. ..	8	5
Sanitary Conveniences	.. .. .. .. ..	26	12
Playgrounds	.. .. .. .. ..	86	80
Cleaning	.. .. .. .. ..	8	2
Roof Gutters	.. .. .. .. ..	1	—
General state of repair	.. .. .. .. ..	134	130
Decoration	.. .. .. .. ..	71	70
Heating	.. .. .. .. ..	25	19
Drainage	.. .. .. .. ..	2	2
Smoking Chimneys	.. .. .. .. ..	1	1
Refuse disposal	.. .. .. .. ..	2	—
<hr/>			
Totals	..	406	343

Old desks and seats of an obsolete pattern were replaced during the year by the provision of 241 dual tables with chairs, and 222 dual desks.

Findings at Medical Inspections.

Of the 11,214 children examined in the three specified age groups 1,352 or 12.05 per cent. were found to require treatment. These figures do not include those relating to uncleanliness or dental defects.

For comparison the percentages of children found to require treatment for the years 1928—1935 are as follows :—

Year	Percentage found to require treatment	Year	Percentage found to require treatment
1928	19.7	1932	13.53
1929	18.7	1933	12.36
1930	15.69	1934	11.92
1931	15.83	1935	12.05

(a) Uncleanliness (Pediculosis). (1935).

The School Nurses are chiefly responsible for the inspection and supervision of children as far as the cleanliness of their bodies and clothing are concerned. For this purpose during the year nurses made an average of 4.3 visits to each school. The number of children inspected was 38,509, of which 1,639 or 4.26 per cent. were found to be verminous.

The total number of examinations made by Nurses, including re-examinations, was 69,751.

The following table shows the percentage of children found to be verminous in each year since 1922 :—

Year	Percentage of Children examined found to be verminous	Year	Percentage of Children examined found to be verminous
1922	10.25	1929	4.42
1923	7.99	1930	5.28
1924	6.73	1931	5.3
1925	4.91	1932	5.2
1926	5.49	1933	5.59
1927	4.36	1934	3.10
1928	5.36	1935	4.26

In no case of uncleanliness was it found to be necessary to institute legal proceedings either under the Education Act or School Attendance Bye-laws.

(b) Minor Skin Diseases.

The most prevalent disease under this head was impetigo of which there were 467 cases referred for treatment. This number although slightly less than that for last year is still unusually high.

As compared with 1934 the number of cases of Ringworm has fallen by 23, and that of Scabies by 4.

(c) Visual Defects.

The children found to have defective vision and squint, together numbered 734. Of these 556 were referred for treatment, the remainder being placed under supervision. Vision is only tested in the case of children belonging to the "intermediate" and "leavers" age groups. Of 7,127 children examined in these age groups 321 or 4.5% were found to have defective vision in need of treatment.

(d) Nose and Throat Defects.

Amongst the routine examinations were found 803 cases of chronic tonsillitis and adenoids, 242 of which were recorded as in need of

treatment. In the previous year the cases recorded numbered 1,019, while those requiring treatment numbered 324.

(e) Ear Disease and Defective Hearing.

Compared with the preceding year there have been 81 fewer cases under this head reported as in need of treatment.

(f) Crippling Defects.

Examination of "routines" and "specials" revealed 138 cases of crippling, of which 101 were referred for treatment under the Committee's orthopædic scheme.

(g) Heart Disease.

There were 63 cases of organic heart disease reported by the medical inspectors. Sixteen were in need of treatment and 47 were placed under supervision. Cases of functional abnormality of the heart numbered 92, but of this number only 11 required treatment.

(h) Tuberculosis.

Twelve school children were found to be suffering from pulmonary tuberculosis, and 31 from other forms of the disease.

All cases of tuberculosis or suspected tuberculosis are referred for treatment or observation under the Council's tuberculosis scheme.

(i) Malnutrition.

The method of presenting the statistics relating to the nutrition of the children examined has been revised by the Board of Education. The term "Malnutrition" has been omitted from the list of defects given in Section A of Table II., and a separate section (C) added, in which the children examined in the routine age groups are classified in four catagories according to their nutritional state.

Of 11,214 children examined 1,761 or 15.70% showed excellent nutrition, 7,702 or 68.68% were normal; 1,621 or 14.44% were slightly below normal, while 130 or 1.16% were classified as badly nourished.

The statistics show that as regards the incidence of undernourishment there is in the county as a whole practically no difference between urban and rural schools. In the former 1.11% of the children were recorded as badly undernourished and 14.48% as slightly undernourished, while in the latter the percentages were, badly undernourished 1.21, and slightly undernourished 14.42.

A comparision of the incidence of undernourishment in the three age groups in urban and rural schools is given in the following table :—

		No. Exd.	Excellent.		Normal.		Slightly Sub-normal.		Bad.	
			No.	%	No.	%	No.	%	No.	%
Entrants	Urban	2116	245	11.58	1588	75.05	270	12.76	13	.61
	Rural	1971	432	21.92	1237	62.76	281	14.26	21	1.06
Second Age Group	Urban	1858	152	8.18	1380	74.27	308	16.58	18	.97
	Rural	1657	199	12.01	1135	68.50	298	17.98	25	1.51
Third Age Group	Urban	2033	335	16.48	1370	67.38	292	14.36	36	1.78
	Rural	1579	398	25.20	992	62.83	172	10.89	17	1.08

Following Up.

Home visits were made when necessary by the school nurses to the homes of children referred for treatment or observation. More valuable advice can frequently be given when the home conditions are known. The number of such visits made in 1,935 was 13,300, as compared with 12,288 in 1934. As in previous years the local inspectors of the National Society for the Prevention of Cruelty to Children have rendered valuable help in a number of cases where parents had refused to provide the necessary treatment, or when the children were generally neglected.

Medical Treatment.

Treatment for defects found at the school medical inspections is provided in some cases through the patient's own doctor or voluntary hospital, in others through one of the schemes for treatment provided by the County Council. Treatment is only provided by the Education Committee when parents are unable to obtain it otherwise.

The Education Committee's Schemes include provision for the treatment of (a) minor ailments, (b) eye defects including refraction and the provision of spectacles, (c) diseased tonsils and adenoids, (d) crippling defects. Two rheumatism and heart clinics have been established, one at Scunthorpe and the other at Cleethorpes. These clinics are purely advisory, no treatment being undertaken.

The table which follows shows where the clinics are held, and the days and hours at which the medical officers attend.

On the whole the clinics are conveniently arranged throughout the county having regard to the more populous districts. The urban district of Skegness, however, is an exception. No fixed clinics have been

established there, although the school population numbers nearly 1,000. The need of clinic premises for all purposes at Skegness is fully recognised, but there is a very real difficulty in obtaining suitable premises, or a suitable site on which to build. The matter, however, is one which is still under the consideration of the Council.

1. Minor Ailment Clinics.

Clinic	Address	When Held
Ashby ...	Methodist School, High St., Ashby	Tuesday, fortnightly at 2-15 p.m.
Barton-on-Humber	50 Holydyke, Barton-on-Humber	Mondays, 10 a.m.
Brigg ..	The Cedars, Bigby Road, Brigg	Thursdays, 10 a.m.
Cleethorpes ..	St. Hugh's Avenue, Cleethorpes	Wednesdays, 10 a.m.
Gainsborough ..	1 Popplewells Row, Bridge Street, Gainsborough	Tuesdays, 2 p.m. to 4 p.m.
Horncastle ..	Rolleston House, Horncastle	Thursdays, 10-30 a.m.
Immingham ..	Parish Mission, Pelham Road, Immingham	Mondays, fortnightly at 2-15 p.m.
Lincoln ..	Beaumont House, Beaumont Fee, Lincoln	Fridays, 10-30 a.m.
Louth ..	32 Queen Street, Louth	Wednesdays, 2 p.m.
Market Rasen ..	18 King Street, Market Rasen	Tuesdays, 10-30 a.m.
Scunthorpe ..	Parkinson Avenue, Scunthorpe	Fridays, 10 a.m.
Spilsby ..	2 West End Villas, Spilsby	Mondays, 10 a.m. to 1-30 p.m.

2. Eye Clinics.

Clinic	Address	When held
Barton-on-Humber	50 Holydyke, Barton-on-Humber	Tuesdays, fortnightly, 10 a.m.
Brigg ...	The Cedars, Bigby Road, Brigg	Wednesdays, monthly, 1 a.m.
Cleethorpes...	St. Hugh's Avenue, Cleethorpes	Mondays, weekly, 10 a.m.
Gainsborough ...	1 Popplewells Row, Bridge Street, Gainsborough	3 times monthly on Tuesdays and Wednesdays, at 10 a.m.
Horncastle ...	Rolleston House, Horncastle	Tuesdays, monthly, 10 a.m.
Lincoln ...	County Offices, Lincoln	do.
Louth ...	32 Queen Street, Louth	4 times monthly on Wednesdays and Fridays, 10 a.m.
Market Rasen ...	18 King Street, Market Rasen	Wednesday, monthly, 10 a.m.
Scunthorpe ...	Parkinson Avenue, Scunthorpe	Wednesday, weekly, 10 a.m.
Spilsby ...	2 West End Villas, Spilsby	Wednesday, monthly, 10 a.m.

3. Orthopædic Clinics.

Clinic		Address	When held
Lincoln	...	County Offices, Lincoln	Wednesday, by arrangement, 2-30 p.m.
Cleethorpes	...	St. Hugh's Avenue, Cleethorpes	4th Monday each month, 2-30 p.m.
Gainsborough	...	1 Popplewells Row, Bridge Street, Gainsborough	2nd Tuesday, each month, 2-30 p.m.
Louth	...	32 Queen Street, Louth	Thursday, by arrangement, 2-30 p.m.
Scunthorpe	...	Parkinson Avenue, Scunthorpe	1st and 3rd Tuesday each month, 2-30 p.m.
Spilsby	...	2 West End Villas, Spilsby	3rd Monday each month, 2-30 p.m.

4. Artificial Sunlight Clinics.

Clinic		Address	When held
Cleethorpes...	...	St. Hugh's Avenue, Cleethorpes	Twice weekly on Mondays and Thursdays, 10 a.m.
Gainsborough	...	1 Popplewells Row, Bridge Street, Gainsborough	Twice weekly on Mondays 2 p.m., Thursdays 10 a.m.
Louth	...	32 Queen Street, Louth	Twice weekly, Tuesdays and Fridays. Tuesday 2 p.m., Friday 10 a.m.
Scunthorpe	...	Parkinson Avenue, Scunthorpe	Twice weekly on Mondays and Thursdays, 10 a.m.

5. Rheumatism and Heart Clinic.

Clinic		Address	When held
Cleethorpes...	...	St. Hugh's Avenue, Cleethorpes	3rd Wednesday each month, 2 p.m.
Scunthorpe	...	Parkinson Avenue, Scunthorpe	1st Wednesday in the month, every 2 months, 2 p.m.

Particulars relating to treatment carried out will be found in Table IV. at the end of the report. Altogether during the year 5,150 children attended one or other of the various clinics for treatment or advice by the medical or nursing staff. They made 30,334 attendances.

In addition there were 2,345 children referred for treatment, who were known at the end of the year to have obtained it by arrangements other than through the Education Committee's schemes.

Tonsils and Adenoids.

Children operated on under the Committee's Scheme for chronic tonsillitis and adenoids numbered 269 as compared with 176 in the preceeding year. The increase is largely explained by the fact that the new arrangements, referred to in last year's report, for treating these cases

as in-patients at the voluntary hospitals were not in full operation in all areas, and consequently a number of cases that should have been dealt with in 1934 were not operated on until 1935. Ninety-five per cent. of the operations performed were carried out in the voluntary hospitals. The number of cases dealt with at the various centres where the necessary facilities have been provided are as follows :—

Barton-on-Humber Clinic	15	Louth & District Hospital	30
Boston Hospital	5	Scunthorpe War Memorial	
Gainsboro', John Coupland Hospital	33	Hospital	84
Grimsby & District Hospital ..	2	Skegness Cottage Hospital	26
Lincoln County Hospital	47	Spilsby Cottage Hospital	27

Specialist advice was sought by the School Medical Inspectors in respect of 25 cases of ear, nose and throat defect. They were referred to Mr. J. J. Rainforth, F.R.C.S., of Lincoln, who undertakes this work for the Committee.

Defective Vision and Squint.

As in previous years, eye clinics have been held during the year at Barton-on-Humber, Brigg, Cleethorpes, Gainsborough, Horncastle, Lincoln, Louth, Market Rasen, Scunthorpe and Spilsby. The eye clinics are in charge of the School Medical Oculists of the county. The cases dealt with are chiefly cases of defective vision needing spectacles. Cases of eye disease are examined and minor cases are treated. The arrangements are still in force for referring to specialist ophthalmic surgeons any case either of error of refraction or of eye disease for which a second opinion is desirable or specialist treatment necessary. Under this part of the scheme 18 cases have been seen by ophthalmic specialists during the year, and 7 have received treatment in hospital on the recommendation of the specialist. Two of the above cases were referred for examination last year but did not actually receive treatment until the present year.

Rheumatism and Heart Disease.

Clinics have been established at Cleethorpes and Scunthorpe to which children suffering from heart disease, rheumatism and allied conditions can be referred. J. W. Brown, M.D., M.R.C.P., is the medical officer in charge. Cases are referred to him by the school medical officers for diagnosis and advice. During the year 62 patients attended. They were classified by the medical officer as follows :—

Rheumatic pains or arthritis, with heart affection	9
,, ,, without heart affection	9
Rheumatic chorea, with heart affection	—
,, ,, without heart affection	4
Congenital heart disease	12
Functional heart disorder	10
Not suffering from rheumatism or heart disease	18

In his report for 1935 Dr. Brown makes the following remarks on the working of these clinics :—

“ The work of the Cleethorpes Clinic for Rheumatism and Heart Disease has progressed during the year. The sessions have been held each month and have been well attended.

The year has been a year of streptococcal infection, and this will no doubt be reflected in future attendances at the clinic. Several potential cases have been under observation in Hospital. Other factors that have influenced the number of attendances are that many cases of reputed rheumatism or heart disease have been rooted out, and removal of some cases to the adjacent Grimsby area has meant their loss to this clinic. These latter, however, are still under observation by the same physician at the Grimsby clinic.

As a result of the clinic's work no children are permanently excluded from school. Most of those attending are on full school. The parents of these defective children are urged to let them get as much school as possible so that with education they may be able to compete in the labour market for sedentary work when they leave school. Two deaths have occurred amongst those attending the clinic, one a boy of twelve, the other a girl of fourteen. Both of them had combined mitral and aortic disease, and in addition an adherent pericardium. Although neither of them presented arthritic symptoms, microscopical examination of material removed after death shewed active rheumatic lesions. This would emphasise the need for observation in these cases where signs of active infection are comparatively latent. One case of juvenile rheumatoid arthritis has come to light, and has been successfully treated in hospital.

Particular attention has been shewn to the cases with a congenital heart lesion, and the results of this work are embodied in a communication to be published shortly in Archives of Disease in Childhood. These cases have signs which are often obvious but misleading, and children with these abnormalities are too frequently unnecessarily restricted.

Every case that has shewn signs of heart disease of any type has been examined with the X rays, and much useful information has been gained. In addition an electrocardiographic examination has been done in all these cases, and in those about whom there was any possible doubt.

The work has been greatly assisted by the school medical officers of the area who have referred cases from their routine examinations. The work has also been assisted by the ready co-operation and help of the parents of the cases.

The Scunthorpe clinic for rheumatism and heart disease has now been in operation for a year, and is held at the School Clinic at intervals of two months.

This clinic is gradually becoming popular, and the work is increasing from session to session. Ultimately this should be one of the more important clinics in the Lindsey area. The type of case is similar to that met with in other parts of the county, and the impression is growing that the incidence of the rheumatic infection is at least as high here as in the more low lying parts of the county. The procedure followed here has been similar to that obtaining in other clinics. A careful physical examination is made and special examinations with the X ray and electrocardiograph are made where necessary. The nature of the defect is then very carefully explained to the parents and general advice given about management. Here as elsewhere special stress is laid upon the future as regards occupation after leaving school.

The proportion of congenital to acquired cases is about the same as in other parts of the county. One death has occurred in a boy aged twelve with combined rheumatic valvular disease. There have been a number of cases referred of the so called functional heart disease. These cases are important because their early recognition prevents a great deal of invalidism. This type of case is reviewed at intervals so as to note when the usually loud murmur disappears, as it invariably does sooner or later. Such observations are most useful in the assessing of other cases.

Thanks are due to the Assistant Medical Officer and other officers working in school clinics for their help in getting this clinic started."

(e) **Tuberculosis.**

The supervision and treatment of school children suffering from any form of tuberculosis is carried out under the County Council's Tuberculosis Scheme. During the year 136 children of school age were admitted to the following institutions for treatment or observation :—

PULMONARY TUBERCULOSIS.

Branston Hall Sanatorium	76
Brumby Isolation Hospital	3
Gainsborough Tuberculosis Hospital	3
Grimsby Corporation Hospital	1
Louth Tuberculosis Hospital	2

NON-PULMONARY TUBERCULOSIS.

Gainsborough Tuberculosis Hospital	..	..	1
Grimsby Corporation Hospital	..	..	1
Gringley Children's Hospital	..	..	25
Harlow Wood Orthopædic Hospital	..	..	13
Lincoln County Hospital	..	..	9
Lord Mayor Treloar Cripples' Hospital	..	..	1
Scunthorpe War Memorial Hospital	..	..	1

Orthopædic and Postural Defects.

The number of children suffering from crippling defects who attended the orthopædic clinics for treatment during the year was 280, and the number of attendances 5,020.

Hospital treatment was provided for 63 cases. The diseases or defects for which treatment was necessary are as follows:—

		No. treated in Hospitals.	No. treated at Clinics.
Claw foot	2
Club foot	3
Flat feet	—
Poliomyelitis	12
Paralysis	2
Spinal Curvature	1
Ricketts	1
Torticollis	4
Tuberculosis	21
Other conditions	21

Ultra-Violet Ray Treatment.

Clinics for Ultra-Violet Ray treatment were held, as in previous years, at Cleethorpes, Gainsborough, Louth and Scunthorpe.

The type of lamp in use at each of these clinics is the Hanovia Mercury Vapour Lamp.

The school children who were treated were referred to the clinics from the school clinics, the tuberculosis dispensaries, or by private doctors.

The children attended well, and there were very few defaulters during the year. At Scunthorpe at the end of the year there was a waiting list, which included school children, and additional clinics are to be held in the coming year. The list given omits a few cases in which the children defaulted from attendance before any positive benefit could be expected to occur, and omits 8 cases in which the children were

still under treatment at the end of the year. In some of the cases given below the children were completing courses of treatment begun in the previous year, or were having second courses, the first having been given in the previous year.

Disease or Defect.	Number treated	No change	Improved	Remedied	No. of Exposures in the Group.
Malnutrition, anæmia and debility, or varying combinations of these defects	17	1	9	7	308
Post-rheumatic anæmia ..	1			1	11
Anæmia or debility, complicated by corneal ulcer or phlyctenular conjunctivitis	4		2	2	85
Adenitis, non-tubercular ..	10		10		166
Non-pulmonary tuberculosis:					
(a) Abdominal	2		1	1	38
(b) Of glands	7	3	2	2	110
Otorrhoea	2	—	1	1	15
Fibrositis and Scoliosis ..	1		1	—	24
Skin Diseases	3		2	1	121
	47	4	28	15	878

Dental Inspection and Treatment.

The County Council has hitherto employed four dentists who gave half their time to school work, which means that there were the equivalent of two dentists to deal with a school population approaching 40,000. With this limited staff it was necessary to confine dental inspection to those children whose parents had previously consented to treatment if it were found to be necessary. Even with this restriction there were each year some 70 to 80 schools which were not visited by the dentists at all. With a view to extending and improving the scheme the Education Committee decided to employ two additional dentists and two dental attendants who would give the whole of their time to school work. These officers have already been appointed, and will take up duty early in 1936.

During 1935 the dentists devoted 1034 half days to school work. They inspected 6922 children, of which 5962 were in need of treatment.

The number actually receiving treatment was 5510. The schools not visited by a dentist during the year numbered 78.

Further particulars relating to school dentistry will be found in Table IV. at the end of this report.

Blind, Deaf, Defective and Epileptic Children.

Registers are kept of all children classified under this heading. New cases are ascertained through the school medical and nursing staff, head teachers, attendance officers, and through the various voluntary bodies in the county.

All those on the registers excluding those in special institutions are under the routine supervision of the school nurses who for this purpose visit the children in their homes at least once a quarter.

The total number of new cases ascertained and added to the register in 1935 was 159, as follows :—

Blind or partially blind	..	..	..	..	3
Cripples	..	..	..	..	11
Epileptic	..	..	..	..	2
Feeble minded	..	..	..	..	29
*Imbeciles	..	..	..	..	17
Non-Pulmonary Tuberculosis	..	..	..	..	41
Pulmonary Tuberculosis	..	..	..	..	40
Delicate children	..	..	..	..	28
Multiple defects	..	..	..	..	5

*(These were transferred to the care of the Mental Deficiency Acts Committee).

Blind Children.

There were on the register at the end of the year 8 totally blind, and 4 partially blind children of school age. Of these 8 were being taught in special schools for the blind.

Deaf Children.

Of the 17 deaf children included under this heading, 15 were at special schools. Two remained at home, one of which had been to a special school but was discharged on account of mental abnormality.

Mental Defectives.

The number of feeble minded school children whose names are on the register of defectives is 139, all of which have been certified as incapable of education in an ordinary elementary school, but not incapable

of being taught in a special school. There are, however, only 36 of them in special schools. Of the remainder 72 attend the ordinary schools, 3 are in other institutions, and 28 are at no school or institution.

There is still a shortage of special school accommodation for educable feeble minded children, and difficulty is experienced in finding suitable vacancies. Eleven new cases were admitted during the year and seven discharged. Six of the cases discharged on reaching the age of 16 years were notified to the mental deficiency authority in order that they might continue to have the necessary care and supervision.

Infectious Diseases.

During 1935 24 schools or departments were closed for a period, with a view to preventing the spread of infection, as compared with 19 in 1934.

The diseases necessitating school closure were measles (1), influenza (12), whooping cough (2), scarlet fever (1) and diphtheria (8). The number of closures is given in brackets.

Children excluded from school because of the presence of infection in their homes numbered 669.

The two nurses employed on infectious disease work made 360 visits to 152 schools for the purpose of advising in regard to outbreaks of infection. For the same purpose they also visited 1,694 children in their own homes. Home visits are undertaken only in the cases of children suffering from measles, whooping cough or other infectious disease when there is no medical practitioner in attendance.

Diphtheria was prevalent throughout the year in the Gainsborough rural district in the adjoining parishes of Haxey and Owston Ferry, necessitating the closure of the schools in these villages. The Owston Ferry Church of England and Methodist Schools were each closed for three weeks in January. The former was closed a second time for a fortnight in June. The Haxey schools were closed for three weeks in November. Altogether 34 children attending schools in the parishes referred to were notified during the year as suffering from diphtheria.

Open-Air Education.

In the summer months it is the practice in many schools to hold open-air classes in the playgrounds and playing fields. There is, however, no organised scheme under which these classes are held, the arrangements in each school being left to the discretion of the head teacher.

The Louth open-air school continues to serve a very useful purpose. It is a day school providing accommodation for 30 pupils. The building is a wooden structure, and was erected some 18 years ago. The

unsatisfactory condition of the premises and the need for reconstruction were referred to in my report for 1931. Since then the conditions have got gradually worse, so much so that if the school is to continue it will have to be replaced by a new building at an early date.

The majority of the children attending the school come from Louth and neighbouring rural districts. Four children from distant parts of the county attend daily, and are boarded at the clinic premises at Louth.

There were 30 admissions during the year, and 23 discharges. Of the latter 18 left fit for elementary schools, the remaining 5 were removed from the school by the parents for a variety of domestic reasons, and before they could be classified as fit for the ordinary school.

The children attending the open-air school, Louth, are not as a rule suffering from any definite disease. They can best be described as being in a low state of general health. They are the children who, owing to their low vitality and powers of resistance, are most liable to develop tuberculous infections or other diseases. Under the school regime, however, the majority of them show a marked improvement in a comparatively short time, and there is no doubt that they are tided over a very critical period in their existence.

Physical Training.

Physical training in the elementary schools is carried out under the supervision of the head teachers on the lines laid down in the revised syllabus of the Board of Education.

In this county the time given to the subject and the standard reached varies widely in different schools.

The appointment of an organiser to co-ordinate, improve and extend the work of physical education throughout the area has been advocated in previous reports.

In a recently issued Circular (1445) the Board of Education stresses the need for such an officer in every area. Paragraph 16 reads as follows :—

“ The Board attach great importance to the appointment of organisers in the areas of all Local Education Authorities, and regard their services as essential to the progress of physical training, both inside and outside the schools. They should be the keystone of the whole structure of physical education for children in the schools, and for all young people living in the area, and experience has shown that where their guidance is available the general standard of physical education is undoubtedly much higher than elsewhere. The Board desire to urge most strongly that the time has now come when the

appointment of a sufficient number of qualified men and women organisers should be regarded as an indispensable part of the provision for physical education made by all authorities."

Provision of Meals.

No meals have been provided by the Authority under Sec. 82 of the Education Act 1921.

Head Teachers at a number of the larger schools in the area have organised schemes under which hot mid-day meals are provided at small cost to the children.

The Education Committee has continued to supply utensils and equipment to any school providing approved facilities for children partaking of their mid-day meal at school. As a result of the re-organisation of schools a much larger number of children attends from outlying districts and who have to remain at school during the meal hour. There is, therefore, a greater need for the provision of a mid-day meal at the larger re-organised schools.

Every school should of course have adequate arrangements for enabling children to eat their lunch under conditions of decency and comfort, and in this connection it is satisfactory to be able to record a general improvement throughout the area.

Milk in Schools.

Following the coming into operation of the Milk Marketing Board's Scheme for supplying milk to schools the number of children receiving a daily milk ration in elementary schools increased in 1934 from 1,933 to 9,639. For the year 1935 returns from head teachers show that the latter number has fallen to 9,025, although the number of schools having fresh milk schemes has increased from 97 to 116.

In addition to those providing fresh milk there were 89 schools where a daily ration of other varieties of milk or patent food was supplied to 3,346 children.

In connection with the milk in schools scheme the Education Committee provide free milk in necessitous cases on the advice of the School Medical Officer. At the end of the year there were 200 children receiving free milk daily under this arrangement.

The duty of arranging for milk to be provided at individual schools is a matter undertaken by the school managers in conjunction with the head teachers. The School Medical Officer advises as to the suitability of the milk to be provided and undertakes to have the milk bacteriologically examined when necessary.

School Baths.

Baths are not provided at any of the elementary schools in the county.

The arrangements whereby the public baths at Cleethorpes, Gainsborough and Scunthorpe are available for the instruction of school children in swimming, have been continued.

Children and Young Persons Act.

In connection with legal proceedings under the Children and Young Persons Act, medical records, and when necessary special reports after medical examinations, have been supplied to the Director of Education in respect of 164 children and 108 young persons.

Employment of Children and Young Persons.

Eighty-one children were examined as to their fitness or otherwise for employment. Of this number 74 were found to be fit. The necessary certificate was issued to the employer in each case. The remaining 7 children were regarded as being unfit, and certificates in these cases were withheld.

Co-operation of Teachers, Parents, School Attendance Officers and Voluntary Bodies.

Parents.

Notification of routine medical inspections is sent to all parents, who are also invited to be present when their children are being examined. Parents on the whole take an intelligent interest in the work of medical inspection and their presence is always helpful to the medical officer. The younger children, that is those in the "Entrant" group, are invariably accompanied by their parents who are frequently able to provide information regarding health and previous history, that would not otherwise be available.

Teachers.

I have again to express my thanks to the teachers for the valuable help given by them in connection with the school medical service. As in previous years they have assisted with the preparation of the list of children for inspection, obtaining and entering particulars relating to family and personal history on the record cards, the notification of parents as to time of inspection, the weighing and measuring of each child to be examined, and the preliminary testing of eyesight.

They have also given similar valuable help in connection with dental inspection and treatment, the following up of defective children, the nurses' "cleanliness" inspection, the notification of infectious diseases, and in many other ways. It is obvious that the medical service throws a very considerable burden of work on the teaching staff.

The way in which they have carried it out and their willingness at all times to co-operate with the medical, dental, and nursing staff have contributed largely to the efficiency and smooth working of the service.

School Attendance Officers.

There has been no change in the arrangements for securing the necessary co-operation between the school attendance officers and the officers of the school medical department.

Voluntary Bodies.

As occasion arises the assistance of various voluntary bodies in the county is sought usually in connection with matters considered to be better dealt with non-officially. The Child Welfare and Mental Welfare Association, the Nursing Association, the Blind Society, the Deaf and Dumb Mission, the Voluntary Hospitals and the National Society for the Prevention of Cruelty to Children have all given valuable help during the year. The last named body has been particularly useful in dealing with 28 cases of neglect which had been referred to it during the year.

Nursery Schools.

The Louth Nursery School is the only one of this kind in the county. It is run by a voluntary committee and provides accommodation for 30 pupils. The County Council makes an annual grant of £250 toward the cost of running the school.

The work is carried out in close co-operation with the County Council Maternity and Child Welfare Services in Louth. The health of the children attending being under the supervision of one of the council's lady medical officers.

There is a proposal to establish a nursery school in Gainsborough, where a voluntary committee has been set up for this purpose. The proportion of children in Gainsborough who would benefit by the provision of such a school is higher than in any other part of the county. The local committee are to be congratulated on their efforts so far. When the school is finally established it will be found, I think, to have excellent scope for its work in Gainsborough, and will be of inestimable value in the care, education and training of children of pre-school age in this district.

SECONDARY SCHOOLS.

Medical Inspection.

There are 16 secondary schools in the administrative county. The pupils whose names are on the register number 2,745. Each school is visited twice yearly by a medical officer for the purpose of carrying out the routine medical inspection.

During the year 1,036 pupils were examined, of which 811 were "entrants" and 225 "leavers." In addition there were 74 special examinations and 1,003 re-examinations.

Findings of Medical Inspections.

Ten per cent. of those examined were found to have defects in need of treatment. Defective vision and chronic tonsillitis were again the two most common defects noted. Thirty-nine cases of defective vision were referred for treatment, and 64 for observation. The number of cases of chronic tonsillitis in need of treatment was 19, while 52 required to be placed under observation.

Further particulars relating to defects found are given in the statistical section of the report.

Medical Treatment.

In the case of secondary school children parents are requested to arrange privately for any treatment that may be necessary. In exceptional cases, however, where after enquiry the parents are found to be unable to afford the cost, treatment has been provided by the Education Committee.

During the year treatment was recorded as having been provided for 135 defects which had previously been reported by the medical officers.

W. S. H. CAMPBELL,

School Medical Officer.

STATISTICAL
TABLES.

Elementary Schools.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups.

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	3283
Number of Re-inspections	..	..	..	..	..	18910
<hr/>						
Total	..	..	..	..	..	22193

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspection* to require Treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups :

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

DEFECT OR DISEASE	1	Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	(1) Ringworm—Scalp	2	2	13	—
	(2) .. Body	2	—	17	—
	(3) Scabies	9	—	26	—
	(4) Impetigo	33	9	434	—
	(5) Other Diseases (Non-Tuberculous)	22	15	72	—
	TOTAL (Heads 1 to 5) ..	68	26	562	—
Eye	(6) Blepharitis	19	15	36	2
	(7) Conjunctivitis	6	2	35	—
	(8) Keratitis	—	—	1	—
	(9) Corneal Opacitis	—	3	1	—
	(10) Other Conditions (excluding Defective Vision and Squint)	10	7	48	1
	TOTAL (Heads 6 to 10) ..	35	27	121	3
Ear	(11) Defective Vision (excluding Squint)	321	114	159	12
	(12) Squint	53	51	22	1
	(13) Defective Hearing	23	55	14	10
	(14) Otitis Media	24	19	76	4
	(15) Other Ear Diseases	121	11	38	—
Nose and Throat	(16) Chronic Tonsillitis only	89	425	75	4
	(17) Adenoids only	4	17	22	2
	(18) Chronic Tonsillitis and Adenoids	149	119	71	6
	(19) Other Conditions	11	15	41	4
	(20) Enlarged Cervical Glands (Non-Tuberculous)	14	111	33	5
	(21) Defective Speech	—	9	1	4
Heart & Circulation	Heart Disease :				
	(22) Organic	10	46	6	1
	(23) Functional	10	79	1	2
	(24) Anæmia	154	69	172	17
Lungs	(25) Bronchitis	110	125	155	3
	(26) Other Non-Tuberculous Diseases	9	19	4	2
Tuber-culosis	Pulmonary :—				
	(27) Definite	1	8	2	1
	(28) Suspected	—	36	8	3
	Non-Pulmonary :—				
	(29) Glands	1	7	4	2
	(30) Bones and Joints	—	4	4	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	7	2	—
	TOTAL (Heads 29 to 32) ..	1	18	10	2
Nervous System	(33) Epilepsy	—	1	2	3
	(34) Chorea	—	4	9	1
	(35) Other Conditions	1	5	15	3
Defor-mities	(36) Rickets	2	2	2	—
	(37) Spinal Curvature	5	1	7	—
	(38) Other Forms	15	31	70	3
	(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	60	106	972	24
	Total	1290	1549	2670	120

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

(see *Administrative Memorandum No. 124, dated 31st December, 1934.*)

Age-groups.	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	4087	677	16.57	2825	69.12	551	13.48	34	.83
Second Age-group ..	3515	351	9.99	2515	71.55	606	17.24	43	1.22
Third-Age group ..	3612	733	20.29	2362	65.39	464	12.85	53	1.47
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
TOTALS ..	11214	1761	15.70	7702	68.68	1621	14.46	130	1.16

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON
31ST DECEMBER, 1935.

Defect.		At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
BLIND (Totally) ..	6	1	—	—	1	8
BLIND (Partially) ..	2	1	—	—	1	4
DEAF (Totally) ..	15	1	—	—	1	17
DEAF (Partially) ..	—	—	—	—	—	—
MENTALLY DEFECTIVE (Feeble Minded)	36	72	3	28	139	
EPILEPTIC (Severe Epilepsy)	1	1	—	2	4	
PHYSICALLY DEFECTIVE						
Tuberculosis—						
Pulmonary ..	4	134	37	63	238	
Non-Pulmonary ..	13	137	6	41	197	
Delicate ..	18	30	2	5	55	
Crippled ..	8	95	4	38	145	
Heart Disease ..	—	2	1	5	8	
Children with Multiple Defects not included above	4	4	2	5	15	
Total ..	107	478	55	190	830	

TABLE IV.

DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1935.

GROUP 1. MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect 1	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin :</i>			
Ringworm—Scalp			
(i.) X-Ray Treatment. If none, indicate by dash	.. .. 3	—	3
(ii.) Other Treatment	.. .. 17	6	23
Ringworm—Body	.. .. 18	50	68
Scabies	.. .. 33	29	62
Impetigo	.. .. 440	195	635
Other Skin Diseases	.. .. 74	42	116
<i>Minor Eye Defects :</i>			
(External and other, but excluding cases falling in Group II.)	.. 141	66	207
<i>Minor Ear Defects</i>	.. .. 147	301	448
<i>Miscellaneous :</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	.. .. 1808	1147	2955
Total	.. .. 2681	1836	4517

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint)	.. 1118	328	1446
Other defects or disease of the eyes (excluding those recorded in Group I)	.. .. 23	2	25
Total	.. .. 1141	330	1471
No. of Children for whom spectacles were			
(a) Prescribed	.. .. .. 1023	301	1324
(b) Obtained	.. .. .. 790	282	1072

TABLE IV.—*Continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.										Total Number Treated.			
Under the Authority's Scheme in Clinic or Hospital	1	By Private Practitioner or Hospital apart from the Authority's Scheme.	2	Total.		Received other forms of Treatment.				5			
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)				
14	7	248	—	71	7	89	5	85	14	337	5	227	668

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids.

(iv.) Other Defects of the Nose and Throat.

GROUP IV. Orthopædic and Postural Defects.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total Number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated	...	27	30	280	No information		300

GROUP V. DENTAL INSPECTION AND TREATMENT.

1. Number of children Inspected by the Dentist :—

		Aged							
(a) Routine Age Groups	5 ..	—							
	6 ..	941							
	7 ..	1146							
	8 ..	736							
	9 ..	873							
	10 ..	906							
	11 ..	668							
	12 ..	531							
	13 ..	506							
	14 ..	126							
						Total			6433
	(b) Specials	.. .. .. .. ..							489
	(c) TOTAL (Routine and Specials)	.. .. .. .. ..							6922
2.	Number found to require treatment	.. .. .. .. ..							5962
3.	Number actually treated	.. .. .. .. ..							5510
4.	Attendances made by children for treatment	.. .. .. .. ..							6788
									—
5.	Half days devoted to :—								
		Inspection } Treatment }	carried out on same day			Total			1034
6.	Fillings	Permanent Teeth	{ 1697 }						
		Temporary Teeth	{ 19 }		Total ..				1716
7.	Extractions	Permanent Teeth	{ 1919 }						
		Temporary Teeth	{ 8742 }		Total ..				10661
8.	Administrations of general anæsthetics for extractions								245
9.	Other Operations	Permanent Teeth	{ 756 }						
		Temporary Teeth	{ 291 }		Total ..				1047

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per school made during the year by the school nurses 4.3

2. Total number of examinations of children in the schools by school nurses 69751

3. Number of individual children found unclean 1639

4. Number of children cleansed under arrangements made by the Local Education Authority —

5. Number of cases in which legal proceedings were taken :—
 (a) Under the Education Act, 1921 —
 (b) Under the School Attendance Bye-Laws —

Secondary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups.

B.—OTHER INSPECTIONS.

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspection* to require Treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups :

TABLE II.

A. Return of Defects found by Medical Inspection
in the year ended 31st December, 1935.

DEFECT OR DISEASE.	1	Routine Inspections.		Special Inspections.	
		No. of Defects.		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
		2	3		
Skin	(1) Ringworm—Scalp	—	—	—	—
	(2) " Body	—	—	—	—
	(3) Scabies	1	—	—	—
	(4) Impetigo	—	—	—	—
	(5) Other Diseases (Non-Tuberculous)	1	2	—	—
	TOTAL (Heads 1 to 5) ..	2	2	—	—
Eye	(6) Blepharitis	1	1	2	—
	(7) Conjunctivitis	—	1	—	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacitis	1	1	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	1	—	—	—
	TOTAL (Heads 6 to 10) ..	3	3	2	—
Ear	(11) Defective Vision (excluding Squint)	39	64	11	—
	(12) Squint	2	7	—	—
	(13) Defective Hearing	6	7	—	—
	(14) Otitis Media	2	—	—	—
	(15) Other Ear Diseases	17	4	1	—
Nose and Throat	(16) Chronic Tonsillitis only	19	52	—	1
	(17) Adenoids only	1	3	—	—
	(18) Chronic Tonsillitis and Adenoids	—	5	1	—
	(19) Other Conditions	2	1	1	—
	(20) Enlarged Cervical Glands (Non-Tuberculous)	1	11	—	—
	(21) Defective Speech	—	—	—	—
Heart & Circulation	Heart Disease :				
	(22) Organic	2	4	—	—
	(23) Functional	1	5	—	1
	(24) Anæmia	6	11	2	2
Lungs	(25) Bronchitis	7	11	—	1
	(26) Other Non-Tuberculous Diseases	—	—	—	1
Tuber-cu-losis	Pulmonary :—				
	(27) Definite	—	1	—	—
	(28) Suspected	—	2	—	—
	Non-Pulmonary :—				
	(29) Glands	—	—	—	—
	(30) Bones and Joints	—	—	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
	TOTAL (Heads 29 to 32) ..	—	—	—	—
Nervous System	(33) Epilepsy	—	—	—	—
	(34) Chorea	2	—	—	1
	(35) Other Conditions	—	1	—	1
Deform-ities	(36) Rickets	—	—	—	—
	(37) Spinal Curvature	1	1	—	1
	(38) Other Forms	1	5	4	—
	(39) Other Defects and Diseases (excluding Un-cleanliness and Dental Diseases)	4	13	4	1
	Total	118	213	26	10

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR
IN THE ROUTINE AGE GROUPS.

(see *Administrative Memorandum No. 124, dated 31st December, 1934*).

Age Groups.	Number of Children In- spected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	811	108	13.31	620	76.45	81	10.00	2	.24
Second Age-group	—	—	—	—	—	—	—	—	—
Third Age-group ..	225	56	24.89	162	72.00	7	3.11	—	—
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
TOTAL ..	1036	164	15.83	782	75.49	88	8.49	2	.19

Return of Defects reported to have been treated during the
Year 1935.

